

Facility Based Training **UPDATE** Form

Directions:

1. Use this form to **update** your facility training information if your facility is already approved to offer training.
2. Use this form for Basic & Modified Basic Training or Caregiver & Manager Developmental Disabilities, Mental Health, and Dementia specialty training.

Please complete and send to:

Training, Communications & Development Unit
P. O. Box 45600
Olympia, WA 98504-5600
E-mail: trainingreports@dshs.wa.gov
FAX: 360-725-2646
Questions? Call 360-725-2548

Provider Name:

Provider Type: BH ☐ AFH ☐ **License #: (Required)**

Contact Person:

Phone #:

Fax #:

Mailing Address:

City:

State:

Zip:

I am updating the following information:

☐ **Change in contact person or other information above:** (Explain what is changed)

☐ **Change in training(s) you want to offer:**

List training(s) you are adding:

List training(s) you are dropping:

☐ **Change in curriculum:**

For: (training name)

Change to: (new curriculum name).

☐ **Change in who you are going to train:**

List other facilities you are adding:

List other facilities you are dropping:

☐ **Change in instructors**

List instructor(s) you are adding or dropping.

Name

For which class/es?

Add ☐ Drop ☐

Add ☐ Drop ☐

Add ☐ Drop ☐

Requirements for instructors you are adding:

1. For instructors who have been a BH or AFH licensee, boarding home administrator, or adult family home resident manager within the past 12 months, complete the following information for the past 12 months. Attach additional pages if needed.

Instructor Name	Date of Birth mm/dd/yy	BH Name or AFH Provider Name	AFH or BH License #	Role/ Job Title	Dates Employed at the Facility

2. A BH administrator or BH administrator's training designee who wants to teach a caregiver specialty course and does not meet the full specialty instructor qualifications must complete the manager specialty course in the specialty area. Attach a certificate of completion for the required course(s).
3. If the instructor is required by WAC to take the training they plan to teach, attach a copy of their certificate of completion for the course.

I have verified that the added instructors listed above meet the minimum qualifications for the trainings they will teach.

Print Name

Signature

Date